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• L. BROWN • 10L 2 3 2024

COVER LETTER

	istration Section ision of Corporations	*		•	•	.	•
SUBJECT:	Southeast	Mammone	aphy	Service	LLC		
		Name of Lin	nited Liabilit	y Company			
	Articles of Amendment			-			
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	M_{i}	chael s	Shonpp Nan	e of Person			_
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	γn;	Iton, FL	3257	>			. 5 2
		·	City/Stat	e and Zip Code			- 10
	mike	. Shouppe E-mail address:	@ 50n	theast ma	Immo . co	<u> </u>	
For further in	formation concerning th			or tuture annuar i	report nonneact	on)	
		·					
Micha	Name of Person		at (<u>850</u>)_	686 - 79	50	
	Name of Person			Area Code	Daytime Tel	ephone Numbe	; r
Enclosed is a	check for the following	amount:					
\$25.00 F	iling Fee 🖂 \$30.00	Filing Fee & ficate of Status	Cer	00 Filing Fee & tified Copy itional copy is encl		Certified	ate of Status &
Reg Div P.O	ling Address: istration Section ision of Corporation . Box 6327	s		Divisior The Cer	ition Section of Corpora otre of Talla	ations hassee	
Tall	ahassee, FL 32314				Monroe St see, FL 323		310

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Jontheast Mammograp		-
(Name of the Limited Liability Co (A Florida Lim	ompany as it now appears on our record ited Liability Company)	<u>ls.</u>)
The Articles of Organization for this Limited Liability Comp. Florida document number _ L 16000189953	pany were filed on	16 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
The new name must be distinguishable and contain the words "Limited I	Liability Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	
		100 H
Enter new mailing address, if applicable:	/	
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	ice address on our records, <u>enter</u>	the name of the new registered
agent and/or the new registered office address here.		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addres	<u> </u>
		orida
	- City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Hillary Shouppe	6224 Jays Way	□Add
		Milton, FL 32570	Remove
			☐ Change
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r an ette Note:	ctive date is listed, the date must be split the date inserted in this block d	pecific and cannot be pi loes not meet the ant	rior to date of filing o dicable statutory fi	r more than 90 days af Ling requirements -t	ter filing.) Pursuant to 605.0207 his date will not be listed as
	ent's effective date on the Departi	ment of State's recor	rds.	ing requirement, r	ms date will not be fisted as
locumo					
locumo		e, but not an effectiv	e time, at 12:01 a.r	n. on the earlier of:	(b) The 90th day after the
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